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## ABSTRACT

Runaways are rapidly becoming one of the highest at risk populations for contracting and spreading the Acquired Immune Deficiency Syndrome (AIDS) virus. This practicum was therefore designed to provide an AIDS policy and awareness training for the employees of a state-licensed and federally recognized center for troubled and runaway youth. Its purpose is to alleviate employees' fears and increase their confidence so that they are better equipped to provide awareness and prevention education to their clients. Chapter 1 describes the target agency, its community, and the writer's work setting and role. Chapter 2 presents and discusses the problem of AIDS among troubled and runaway youth, providing statistics on the number of runaways who have contracted the disease, discussing the problems of discrimination and popular misunderstandings, and delineating the challenge posed for social service agencies who serve this population. It concludes with a review of the literature. Chapter 3 describes the goals, objectives, and evaluation techniques of the practicum. Chapter 4 discusses suggested strategies for disseminating AIDS information among employees and identifies the selected solution. Results of the practicum process, including a comprehensive personnel policy, are discussed in Chapter 5, along with recommendations. This personnel policy and the accompanying curricular materials are appended.  
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P R A C T I C U M  
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Center for the  
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Devising Effective Strategies to Promote AIDS Awareness and  
Understanding Among the Employees and Clients of a Shelter for  
Runaway and Troubled Youth Ages Twelve Through Fourteen Years

by

Susan Jennings  
Cluster 27

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Devising Effective Strategies to Promote AIDS Awareness and  
Understanding Among the Employees and Clients of a Shelter for  
Runaway and Troubled Youth Ages Twelve Through Fourteen Years

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Susan Jennings  
Cluster 27

A Practicum II Proposal Presented to the Ed. D. Program  
in Early and Middle Childhood  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Education

NOVA UNIVERSITY

1990

MAR 6 1990

PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier:

Betty Buechler  
Betty Buechler

DIRECTOR OF PROGRAMS

Merritt Island, Florida

2/19/90

Date

This practicum report was submitted by Susan Jennings under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

3/2/90  
Date

Dr. Jo Ellen Salce Rogers, Ph.D.  
Dr. Jo Ellen Salce Rogers



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LETTER OF APPROVAL

The Board of Directors of Youth Services Centers, Inc. hereby gives permission for Susan Jennings, the Executive Director of Youth Services Centers, Inc. to have published the personnel policies and any other materials developed by her during her practicum experience at Youth Services Centers, Inc.

4/18/90

Date

Cassandra Flinn

Cassandra Flinn

President, Board of Directors, Youth Services Centers, Inc.

Title

## ABSTRACT

Devising Effective Strategies to Promote AIDS Awareness and Understanding Among the Employees and Clients of a Shelter for Runaway and Troubled Youth, Ages Twelve Through Fourteen Years. Jennings, Susan M., 1990: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: AIDS/Acquired Immune Deficiency Syndrome/Attitude Toward AIDS/AIDS Research/AIDS Resources/AIDS Prevention/AIDS Curriculum/Personnel Policies.

Runaways are rapidly becoming one of the highest at risk populations for contracting and spreading the AIDS virus. The issue of AIDS had not been addressed adequately to meet the prevention needs of the runaway youth served by this agency or the needs of the employees for whom there is an increasing possibility of being confronted with an AIDS issue in their daily lives or in their work setting.

This practicum was designed to provide an AIDS policy and awareness training for the employees of this agency in order to alleviate their fears and increase their confidence so that they would be better equipped to provide awareness and prevention education to the clients. The writer developed and implemented an AIDS policy for the agency. An AIDS awareness training program was developed and incorporated into the staff development plan. The employees were provided AIDS awareness education and encouraged to use this knowledge in developing an AIDS awareness curriculum for the clients.

The results of this practicum included a decrease in staff anxiety of AIDS in the work place, an increase in staff's confidence in discussing AIDS with clients, and a curriculum to educate clients in preventive measures against contracting and spreading AIDS. A section on how to discuss AIDS with a child was incorporated into the parent training activities.

## CHAPTER I

### INTRODUCTION

#### Description of the Agency

The agency is a state licensed and federally recognized program for runaway and troubled youth under the age of eighteen years. It has been in existence since 1974 when prominent community leaders anticipated the juvenile law change of 1975 toward deinstitutionalization of status offenders and knew that these youth would need a new special service approach. Status offenders are youth who are runaway, truant or ungovernable. A runaway youth is a youth who has left home, usually without custodial permission, but sometimes at the insistence of the custodian. Troubled youth are youth who are at high risk of running away or acting out behavior that may cause them to penetrate the state child welfare/juvenile justice system. The majority of these youth have experienced abuse or family difficulties in the present or past. During the past fourteen years, this agency has expanded from the only residential counseling program for status offenders in the county to a continuum of services in line with the recommendations of a statewide task force report on runaway and troubled youth (1984). This report was requested by and presented to the state legislators and this agency was a member of the task force

In its report to Congress, Federally Supported Centers

Provide Needed Services for Runaway & Homeless Youth (1983), the General Accounting Office (G.A.O.) documented the role of the centers in reuniting families and resolving intrafamilial problems associated with status offense behavior. In its study of seventeen centers, the G.A.O. found that family problems would not have been resolved without the type of service provided by the centers. This agency was one of the seventeen runaway and troubled youth centers studied in the seven out of ten regions of the United States Department of Health and Human Services.

This agency has already made significant strides in following the statewide task force suggestions for expanding the non-residential component of its programs in order to reach more of the troubled youth and families in the extreme parts of the county. The benefits to the clients include more accessibility for those in the extreme parts of the county, earlier intervention counseling services for troubled youth and families and transportation to the shelter when and if the crisis has escalated to the point that residential services are believed by the clients to be necessary. Overall, the benefits to the clients are marked improvement in confidence and skills to resolve personal conflicts, including better communication skills and better coping skills. The family unit will function in a much more effective way, with issues of power and responsibility resolved through family mediation. As the



sole provider of short term family centered intervention services, this agency is unique in the county. The focus is on strengths in the family and responsibility is shared as each member is responsible for self. Problem-solving and decision-making skills are emphasized and promoted in the counseling and awareness programs.

The schools in this county have become increasingly active in early identification of youth at risk and referring them to this agency for intervention services. Their counseling staff actively work with the counselors of this agency to provide aftercare and follow-up support. The school system provides classrooms as needed for support groups and training.

By providing a nationally known program called Project Safe Place, the agency has been successful in combining the forces and strategies of businesses, education, social services and the community at large to assist youth and families in getting their needs met. Project Safe Place is an outreach program developed by Larry Woolridge, the director of the Y.M.C.A. Runaway Program in Lexington, Kentucky.

#### Description of the Community

The agency is located in an urban community in a county that is 72 miles long and an average of 18 miles wide and comprises 1,300 square miles. The county is divided into three districts; north, south and central. The population

is 323,055 with approximately 20,549 falling in the age category of 10 years to fifteen years. Of those in this age group, 2,669 are black. The population from birth through age seventeen has been rising at an average rate of 1.8 percent annually since 1980. It is expected to continue to rise another 5.3 percent by 1990. The population is almost equally divided between male and female. Of a total labor force of approximately 148,600, most are employed in service occupations, manufacturing, trade and commerce, government and construction. Only 1.5 percent are employed in agriculture. The agency is located in the geographic center of the county one block from the busiest intersection of state and county highways which dissect the county north/south by east/west.

#### Writer's Work Setting and Role

The administration of this agency is headed by a voluntary board of directors made up of prominent professionals and business leaders in the community. The board sets policies and goals and monitors the budget for the agency. The writer is the executive director for the agency and is responsible to the board of directors. The writer's position is responsible for the overall operation of the agency and implements and monitors the policies and budget. The administrative support staff consists of a program evaluator/bookkeeper, a coordinator of computer/secretarial services, with a part-time secretary

and an assistant bookkeeper. A community liaison develops and implements outreach and prevention materials and a volunteer speakers bureau. Program design and development is the responsibility of the director of programs. A volunteer board of advisors, made up of eleven prominent professional and corporate leaders, is available for advice and assistance to all administrative and direct service staff. They participate in public awareness and fund raising campaigns.

Direct management includes a coordinator of volunteers who is responsible for recruiting, training and supervising volunteers in all programs including Project Safe Place. Currently this agency has 103 trained volunteers who augment paid staff in all programs and are trained to respond appropriately to Safe Place calls throughout the county. A Safe Place is a site designated by the staff, whose employees have been trained by the staff, as a safe place for youth to request help.

The coordinator of residential services is trained and certified as a youthcare trainer. He is responsible for coordinating and implementing all aspects of the residential program including training and supervising the youthcare workers, cook and maintenance person. The coordinator of non-residential services is responsible for coordinating and implementing the non-residential counseling services including training and support groups,

Safe Place crisis intervention, all outreach and prevention services and the in-home counseling program.

Direct service staff is made up of ten full-time and part time certified youthcare workers who are responsible for the implementation and documentation of residential standard operating procedures including supervision of residential youth and activities. Five counselors are responsible for the implementation and documentation of all standard operating procedures of the family counseling/mediation program, as well as aftercare in-home counseling services.

The writer has an undergraduate degree in elementary and early childhood education and a Master's of Education Degree in Guidance and Counseling in elementary through secondary grades. Past experience includes two years as a teacher in an American elementary school and two years teaching experience in The Theran/American School in Iran, three years as a nurse on the psychiatric units of a hospital and a mental health center in this county, and a total of seven years experience as the director of programs and then executive director in this agency.

CHAPTER II  
STUDY OF THE PROBLEM

Problem Statement

Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by a virus that damages an individual's immune system, thus making that individual susceptible to numerous life threatening illnesses. AIDS is not spread by casual contact. Exposure occurs during intimate contact with an infected person's blood, semen or vaginal secretions. The most common sources of infections are sexual intercourse and sharing of intravenous drug needles. Blood transfusions used to be a source of infection, but the Center for Disease Control (CDC) reports that this is no longer true. The blood supply has been essentially safe since testing of all blood donors began in March 1985. Another source of infection that is becoming more prominent is that of the unborn infant by the infected mother. The first cases of AIDS were diagnosed in the United States in 1981. Subsequent investigation of stored blood and tissue of undiagnosed deaths identified AIDS as early as 1975.

Experts today predict that AIDS is becoming the worst epidemic of all time. In his 1988 report to the American public, Surgeon General's Report on Acquired Immune Deficiency Syndrome, the Surgeon General of the United States Public Health Service (PHC), C. Everett Koop, provided information on how the disease is spread, the



relative risk of infection and how to prevent it. He stressed that at the present time, there are no drugs or vaccines to cure or prevent AIDS. Our society is only beginning to feel the impact of this epidemic. It was estimated that by 1993 approximately 365,000 people will have AIDS. That is an estimated one out of every 1000 Americans. PHS predicts that by 1991, AIDS will be one of the top 10 causes of death in the United States.

A 1987 Congressional Report from the Committee on Labor and Human Resources, reports that as of July 6, 1987, an estimated 38,160 Americans had AIDS. At that time 21,915 of those identified had already died from the disease. The report states that the actual numbers are higher than those reported by the Center for Disease Control (CDC). It is estimated that 20% of AIDS cases are not being reported. In addition, not all cases reported to CDC meet its strict definitions of AIDS and therefore are not counted in CDC statistics. In its AIDS Research and Information Act of 1987, Congress declared AIDS as a National Public Health Emergency.

The number of children reported to have AIDS has been increasing since 1983 when the first child was diagnosed by the Children's Hospital in Los Angeles, California. Currently, only one percent of those diagnosed to have AIDS are children. Still, the risk of AIDS for young people is high. Many young people are sexually active and involved



in the use of drugs. Studies done by the National Research council (1987) indicate that by the age of nineteen years, about 68% of females and 78% of males are sexually active. Approximately 28% of youth ages twelve years to seventeen years are sexually active. Close to one half of all reported cases of sexually transmitted disease are youth below the age of twenty-five years. These diseases impair the health of more teenagers than all other communicable diseases combined. The incubation period of AIDS can be more than ten years. Those youth under the age of fourteen may have been exposed to the AIDS virus during the prenatal stage. Currently the age group of twenty to twenty-nine years represents twenty-one percent of AIDS cases. These young people may have been infected with the Human Immunodeficiency Virus (HIV) during adolescents. HIV is the virus that causes AIDS. Many of the young people now engaged in these high risk behaviors may contract HIV which would not show up as AIDS until they are in their twenties.

A study done by Covenant House, a private social service agency, in New York City (1987) indicates that seven percent of runaways tested have the AIDS virus. Because runaways often use drugs to escape and prostitution to survive, they are rapidly becoming one of the highest at risk populations for contracting and spreading the AIDS virus. A 1980 Gallop Poll indicated that one in seven youth runs away at some point during their childhood. One in seven

youth may become a member of this high risk (for contracting and spreading AIDS) population of runaways.

In its report to Congress, the Committee on Labor and Human Resources stated that in the face of this rapidly spreading epidemic it is essential that those most likely to be infected be informed of the danger and given the information necessary to protect themselves against this possibility. They stress that the public at large must be informed with scientifically accurate and medically sound information. They target the school age population as the greatest priority.

Blaming a portion of society has long been a method of coping with the anxiety caused by an epidemic. Anne C. Roark (1986) reports that throughout history, the outbreak of disease has caused two epidemics among those in the population in which the outbreak occurs; the physical manifestations of the disease itself and the reaction of society to the epidemic. In her description of this reaction, Roark includes denial, hysteria, and a search for scapegoats. Fear of contagion can lead to bizarre behavior and cruel practices. Victims of the disease and their families become untouchables and are often ostracized from society. A Washington neurologist who has been studying AIDS, Richard Restak (1985), stated "AIDS has no civil rights." He postulates that the rights of society should be considered before the rights of the AIDS victims.

This presented a complicated civil rights issue in the work setting of those employed and their employers. In 1987, more than 200 representatives from major companies met in Chicago at a conference entitled, "AIDS: Corporate America Responds." This conference was designed in response to the growing need for businesses to prepare for the complicated issues presented by the AIDS epidemic.

The writer works in an agency which employs staff to provide services to runaway youth. The agency provides residential services to over 300 runaway and otherwise homeless youth per year. Although the agency does disseminate materials printed by the state social services agency to promote awareness and understanding of AIDS, there were no written strategies to assure that this distribution is effective. Furthermore, there were no personnel policies developed to deal with the increasing possibility that an employee may present an AIDS issue. In conclusion then, the issue of AIDS had not been adequately addressed to meet the prevention needs of the runaway youth served by this agency or the needs of the employees for whom there is an increasing possibility of being confronted with an AIDS issue in their daily lives or in their work setting. To meet the problem, the runaway youth served by this agency must have an increased awareness and understanding of how they can protect themselves and others from contracting AIDS. In addition, the staff must have

awareness and understanding of the myths and facts about AIDS in the work setting.

#### Evidence of the Problem

Due to the highly controversial issue of confidentiality, testing for the disease is not an option of the agency. Therefore, there are no known cases of clients or employees infected with the AIDS virus. This writer relied on the studies cited in earlier chapters to establish the need for preventative measures in this agency. Already indicated is a high probability that one out of seven runaways will be infected with AIDS. This state has the third highest incidence of reported runaways in the nation and according to a recent study done by the state social service agency, the third highest incidence of reported AIDS cases in the nation. The county in which this agency is located is one of the ten with the highest incidence of reported AIDS cases in the state.

A 1980 Gallop Poll indicated that one in seven youth runs away at some point in their childhood. The total county population of youth between the ages of ten years and fifteen years at that time was 20,549. One out of seven of those youth will run away and one out of seven of those who runaway will contract the AIDS virus. This indicates that more than 419 youth in this age group are at risk of contracting and spreading the AIDS virus in this county.



This county's health department reports that last year they treated nearly 12700 cases of sexually transmitted diseases (STD), of which AIDS is constitutes 25%. They estimate that over 10% were teenagers. (Exact statistics broken out by age groups were not readily available.)

In November of 1987, a Gallop poll was conducted to measure the nations understanding of AIDS. Thirty percent of those adults surveyed believed insect bites can transmit the disease; twenty percent said donating blood can cause contagion; twenty-six percent believed food handling or preparation can cause contagion; twenty-six percent believed contagion can result from sharing a drinking glass and twenty-five percent saw a risk in being coughed on or sneezed on. AIDS is a highly publicized issue and had become an almost daily conversation item of the employees of this agency. Statements made during these conversations were in line with the misunderstandings pointed out in the research. There was an urgent need to correct these misunderstandings through the dissemination of solid medical evidence.

Because of the present lack of a medical cure and a vaccine to prevent AIDS, education has been the identified strategy for controlling AIDS. In his report, the Surgeon General states:

Fear can be useful when it helps people avoid

behavior that puts them at risk of AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself (Foreword)

Admiral James Watkins, chairman of the 13 member presidential AIDS commission in 1988, interviewed by Dick Thompson of Time Magazine, described discrimination as the "foremost obstacle to progress" in combating AIDS. Discrimination only prevents those people exposed from coming forward to be tested. Watkins expressed a plea for AIDS education to be implemented as he feels that education is of vital importance in combating discrimination and the spread of AIDS.

In a 1987 interview with Scholastic Search magazine, Allan M. Brandt of Harvard's Medical School stated that young people should be taught how the disease is passed on and how to avoid behavior that would put them at risk. He further states that they should be taught that if they avoid the risks, they do not have to fear the disease and if they know the facts and act wisely, they will have a strong influence on what happens with the AIDS epidemic in the future. Education is necessary to prevent the hysteria and spread of AIDS.

#### Possible Causes of the Problem

Because of the moral issues involved, sex education has always been and still is a sensitive and controversial



subject. Many people believe that sex education should only be taught in the home where the parents can instill their moral values. When this agency began serving runaways in 1974, they were aware that runaways often become sexually active in their search for someone to "love" them. The original program included sex education with an emphasis on decision making in an effort to prevent teen pregnancy and sexually transmitted diseases. This required parental permission and many parents refused to give their permission for fear that sex education would lead to sexual experimentation. Eventually sex education became a subject to avoid when dealing with families in crisis.

Youth today are constantly bombarded with information about sex. It is not always factual information and often exploits their natural curiosity. Regrettably, youth may not be motivated to read the factual information printed in brochures and pamphlets published in less excitable format than the entertainment media provides. Adolescents have a sense of immortality and they have little desire to think beyond the present.

Runaways are even less apt to think beyond the present as their energy is consumed by their immediate struggle for survival on the street. Without the traditional social support systems, they are suspicious of adults and adult institutions. Many are not in school and have little access to medical and mental health services. Too frequently

they get their information from peers, and misinformation is rampant among street kids.

Adolescents are at a unique developmental period in their lives. They are in transition from concrete to abstract thinking. While under stress they are less apt to think of consequences of their behaviors. The runaways' concerns are in the here and now and they often cannot comprehend the dangers of a virus which may remain dormant in their bodies for years before the dangerous effects are noticeable. Their desire to escape their feelings of helplessness and hopelessness outweighs their fear of future consequences for their behaviors.

AIDS is highly publicized as a deadly, incurable, sexually transmitted disease. The administrator of this agency had been fearful of legal consequences of developing an AIDS policy that could prove discriminatory or cause negative employee backlash due to the misinformation accepted by many of the staff at that time.

These issues made it especially difficult to impress troubled youth with prevention information. Adults who had an unreasonable fear of the disease and were not adequately informed, were ill prepared to provide prevention information to this challenging population.

#### Literature Review

This writer conducted a literature review to see what researchers believe to be the most effective techniques

for providing AIDS prevention information to youth, ages twelve to fifteen. Recognizing that youth who are running from stress pose a more unique challenge, this writer also searched the literature for information that would prepare the staff to meet this challenge. In order for the staff to be effective in their approach, they would first need to be comfortable with their own awareness of the issue.

In its publication, Teens and AIDS: Opportunities for Prevention (1988), the Children's Defense Fund stresses the importance of educating both adults and children if the AIDS issue is to be addressed. Adult education is the basis for adult prevention as well as an informed and humane response to those who are inflicted with the virus. The publication reinforced this writer's belief that adults must first overcome their fear and misunderstanding of AIDS to enable them to educate children and youth. Although the publication's major emphasis is on the education of AIDS for children and youth, it provided some techniques in preparing a training curriculum for adults in the work place. The techniques used by the Federal Office of Personnel Management (OPM) in 1988 were used as an example. They used news bulletins, personnel management directives, group meetings with employees, expert speakers and counselors, question and answer sessions, films and video tapes, employee newsletters, union publications, fact sheets, pamphlets, and brochures to inform employees about

AIDS. The OPM also recommended that AIDS education and information programs begin before problem situations related to AIDS arise and that they provide AIDS information to all employees to enhance their understanding about the nature and transmission of the disease.

In the overview of AIDS: Corporate America Responds, Richard J. Haayen, Chairman and Chief Executive Officer of Allstate Insurance Company, reports that the AIDS issue carries the potential for work disruption, employee morale problems, and discrimination suits as well as rising costs in health care. He further states that employee education programs are essential to reduce misunderstanding, anxiety and fear as well as to motivate high-risk individuals to change their lifestyle habits to reduce the spread of the disease. The report was compiled by task forces created by corporate and nonprofit executives at the Allstate Forum on Public Issues. The report provides information on successful approaches in educating employees about AIDS, Government and Legislative Affairs related to the AIDS issue, Legal issues of AIDS in the work setting, and important considerations when developing AIDS policies. Once again, the importance of developing AIDS policies and educating employees before problems start is stressed. This would "minimize crises and reduce employee fear, mistrust and uncertainty." (p. 6).

This report points out that despite the evidence and

the widespread concern about the spread of AIDS, many employers continue to be reticent about developing educational programs. Some of the reasons cited are: a belief that this disease will not affect their employees; not wanting to stir up unnecessary employee fear which could disrupt work; fears of a negative customer backlash or public image; discomfort dealing with sexual behavior without offending individual sensibilities; expecting the media or government to educate employees; and not wanting to appear supportive of morally unacceptable individual lifestyles.

Included in the manual are considerations and suggestions in the areas of AIDS policy development, human resource issues, and employee education. Emphasis is placed on compliance with local ordinance as well as state and federal laws. Consultation and collaboration with either internal or external key allied specialists is encouraged. The employee may consider providing a resource manual of outside resources for further information. It is suggested that education be provided on company time and not optional. This would lessen the chances of employees failing to attend for fear that other employees would perceive them as being worried about their lifestyle. The goal of education should be two-fold. One would be to minimize fear and hysteria among co-workers, and the other to prevent the spread of the disease.



Increasing awareness is probably the easiest change to make in an individual and this alone should improve attitude. Behavior change is more difficult. Dr. Koop points out that AIDS education efforts in the San Francisco gay population have led to significant behavior change and a decrease in the spread of AIDS in that area. Therefore, he strongly urges a concentration in educations for behavioral changes. As mentioned earlier, the morality of the AIDS crisis has been a highly emotional issue. Much of the literature includes abstinence from both pre-marital sex and drugs as the only appropriate prevention. Others advocate for "safe sex" and the use of condoms for those who will not otherwise abstain from high-risk sexual behavior. There are some who argue that advocating for "safe sex" implies a sanctioning, or even promotion of, immoral activity and that funding for those programs should be denied.

Testing and its related issues are becoming a major concern in the work force and is a complicated subject. Restak would have us test fairly indiscriminately. The federal and state courts and state agencies hold that AIDS is a handicap. Since AIDS is legally considered a handicap, testing for AIDS is likely to be declared illegal in the near future.

In reading the available literature, this writer was surprised to discover that the world of economics has

responded to the AIDS issue in force, while the education and social service fields appear to be struggling with the issue with a quiet and somewhat scattered approach. The medical professions, the legislators, and the field of economics are postulating education as the only prevention and there are indications, in the literature reviewed, that these fields have joined forces to combat the spread of AIDS. There was very little literature available from the field of education and the social service field that would lead this writer to believe a definite effort is in place.

This writer can only speculate as to why this appears to be the case. The corporate and business world are feeling the effects of the rising cost of AIDS in the economic environment which is increasing their costs and reducing their productivity. They have the necessary funds to incorporate training programs and the influence to promote change. The fields of education and social services are often times not adequately funded to take drastic measures. Furthermore, as humane service providers, they must tread carefully where moral values and emotions are the issues. Attitude and behavioral changes are not as easily achieved in youth or in underprivileged adults who may be focusing on their more immediate needs.

Literature on educating children about AIDS may not be abundant at this time due to the fact that the first

report of a child diagnosed with AIDS was as recent as 1983 and, as previously stated, only one percent of the reported cases are children. At the Surgeon General's Workshop on Children with HIV Infection and Their Families (1987), the major focus in pediatric AIDS was on transmission from the infected pregnant woman, and blood transfusions. Little attention was given to those children who are forced into an adult world by dysfunctional families; children who live on the streets because they are running from abuse and children who become promiscuous as a result of sexual abuse.

The agency for which this writer is employed has provided services to children as young as eleven years old who have been living on the street, have been sexually active, and have been involved in substance abuse. Educational leaders and social service leaders must develop strategies to get AIDS awareness to these children before HIV reaches them. Because the fallacious belief that educating adults would also protect children was only recently discovered, educational and social service leaders have not yet had time to develop and coordinate their strategies.

Although the Surgeon General did make a plea for junior and senior high school students to receive education on sexually transmitted diseases, there were no recommendations for this by the workshop participants. In her presentation

at the workshop, Helen Kushnick, the mother of a child AIDS victim stated that most of the school boards had not yet addressed the issue.

The literature on preventing drug abuse in children is abundant and the fields of education and social service have made some strides in this area. This is partly due to the fact that parents are more aware of the drug problem and, therefore, are more supportive of the school's role in providing this education. A letter from one of this state's U.S. Senators states that, because of the school system's efforts, a recent survey shows a general trend in high school and college-age students away from marijuana, PCP, and cocaine use. The survey of 1,461 college students found that only six percent of the students acknowledged "occasional" use of cocaine in 1988, compared with eleven percent in 1987. Because drug abuse is a method of transmitting HIV, this information is promising.

The literature review, though scant in the area of AIDS awareness for children at risk, was informative. In summary, adults must become more knowledgeable about AIDS and AIDS issues in order to overcome the tendency toward hysteria and provide more humane treatment of the victims of AIDS. They must learn to change risky behavior to avoid contracting and spreading HIV. Only by overcoming their own fears of the disease will they be comfortable in discussing the issue with the less informed. Children,

are becoming more at risk of contracting HIV and must be made aware of the dangers of risky behaviors such as drug abuse and sexual activities. Education is the only prevention strategy available at this time and must be used to change attitude and behavior.



## CHAPTER III

### ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

The goal of this practicum was to devise effective strategies for promoting AIDS awareness among the staff and clients of a shelter for runaway and troubled youth. The purpose of promoting AIDS awareness among these individuals is three fold: 1. To encourage a more empathetic and humane attitude toward those individuals who may be, or are at risk of becoming, victims of AIDS. 2. To encourage those who may be participating in at-risk behaviors to change those behaviors in order to prevent contracting or spreading AIDS. 3. To instill a sense of comfort and confidence in those who will continue to provide AIDS prevention information to the clients and other runaway and troubled youth.

A. The following goals were projected for this practicum:

1. To increase employee and client awareness and understanding of AIDS and how they can protect themselves and others from contracting and spreading the disease.
2. To help alleviate some of the destructive panic with which the employees and clients may be faced in their daily lives.

B. Specific Objectives of this practicum were:

1. By the end of the first month of this practicum, personnel policies would be developed to provide guidelines for managers to deal with AIDS infected employees and co-workers in a civil and non-discriminating manner. The policies would be approved by the board of directors and accepted by the employees of the agency.
2. By the end of the second month of this practicum, a curriculum would be designed to train 25 employees and 200 clients at this runaway center about prevention and spread of AIDS. The components of this curriculum would include the most recent information on the impact of AIDS in our society and the most successful methods of preventing the spread of the AIDS virus.
3. By the end of the eighth month of this practicum 25 employees and 200 clients would have completed at least one training session and a post-test of 15 items, answered correctly, about current scientific facts on AIDS and the prevention of contracting and spreading AIDS.

C. Planned evaluation instruments for this project were:

1. The tool used to measure the completion of the

personnel policies and the implementation of a curriculum to train staff and clients about the AIDS issue, would be the board approved and accepted policies and curriculum.

2. The standard of achievement would be the completion of 15 items on the post test with 15 correct responses to questions, based on current scientific facts presented in the training, about AIDS. The correct response to these fifteen questions would indicate a knowledge of the presented facts about AIDS and methods for preventing the contracting and spreading HIV and AIDS.

Since there is no accurate way to measure whether employees or clients have actually changed any at-risk behaviors, measure of success would be based on this measure of knowledge about AIDS and the prevention of AIDS.

Youth who receive services from this shelter are in crisis, they do not readily comprehend information that they feel is not directly related to their particular situation. The information presented to them would need to be concise. They would need to feel a sense of immediate success in completing the post-test. Therefore, the test would need to be brief and contain only pertinent facts that are easily understood. The informational portion of the test would be 15 true and false questions about the scientific facts presented in the training. True or false questions would eliminate the need to write out

answers. In an effort to prevent youth from guessing at answers and giving "Christmas tree responses", there would be an option to select an "Undecided" answer. These tests would be reviewed and corrected immediately following their administration so that they would also be a learning experience.

There would be a general discussion about the test and feedback from the clients as to how the test might be modified to improve its effectiveness in measuring the client's knowledge of the information. Previous experience with awareness groups on substance abuse has demonstrated that the youth participating in these groups do better if they have an invested interest. By soliciting their input in developing the measuring instrument for other groups, the staff would encourage the youth to internalize more of the information.

The post-test would be a written test in which the youth would indicate with a "circle" the correct answer. The staff person would read the questions or allow a youth to volunteer to read the questions. This would be done to assure that each youth understood the questions regardless of their reading level. It would also allow the youth the opportunity to ask for clarification of the questions if the question were not clear.

Experiential activities, such as searching for information, would also be included in the post-test.

These activities would be presented as a game to stimulate interest and participation. One such activity might be to find the local AIDS hotline number in the phone book.

The proposed test to measure the achievements of the training portion of this practicum was included in this proposal. It was developed by Yarber and published by American Alliance Publications in 1987. The test was published with a statement of approval for reprints.

The test meets the criteria of this practicum in that it contains current scientific facts about AIDS and the prevention of contracting and spreading AIDS. These facts were presented in statement form that may be selected as true, false or undecided. The statements are brief and easily understood. It emphasizes abstinence without condemning sexual preferences. This is important in the effort to ensure community acceptance of the AIDS awareness curriculum.

The personnel policies were written and approved by the board of directors. They are included as a section of the personnel policies manual for this agency. They were presented to the staff at a mandatory staff meeting along with a training session on current known facts about contracting and spreading AIDS. The Yarber test was used to measure staff's awareness following the training. In order to alleviate the stress of taking this test, the executive director administered the test as a self



correcting test. This also allowed the staff to have immediate feedback of correct responses.

A general discussion following the training session will be facilitated by the trainer in order to encourage the staff to express their fears and uncertainties about working with a co-worker or a client who has tested HIV positive. This discussion will also encourage the employees to express whether or not they feel any discomfort with the responsibility of discussing AIDS with the clients or conducting a risk assessment with the clients.

A much simpler tool than the Yarber test was developed by the staff to measure the clients' awareness of current facts. This tool had only 10 questions geared to the intellectual level of the clients. The curriculum used to present the facts to the youth was simple and brief for the same reason. It was decided not to include an "undecided" answer as this would not allow a clear understanding of which untrue statements needed to be emphasized in the following discussion.

## CHAPTER IV

### SOLUTION STRATEGY

All of the literature reviewed for this practicum stressed that education is the primary defense against the spread of AIDS. There are numerous reports on the progress and effects of the disease, and numerous pamphlets and booklets on the facts about the disease. Still, possibly due to the limited history of AIDS, this writer found it difficult to locate literature describing specific strategies for providing this education. The most extensive and descriptive approach to bringing AIDS awareness into the work setting was presented by the Human Resource Task Force of the Allstate Forum on Public Issues. Their model was the AIDS education program developed by seven major companies in San Francisco who banded together to provide technical and financial support for the development of educational materials for the workplace. This effort produced a guide for policy development, a training manual and a 23-minute videotape featuring medical experts and employer concerns.

A more recent approach, described in this report, was the manual facilitating AIDS education in the workplace that was developed by California business leaders in Orange County. This manual was underwritten by the Pacific Mutual Life Insurance Company and endorsed by the U.S. Surgeon General as a significant contribution in the efforts to

contain the spread of HIV infection. These successes in public/private sector collaboration and resource sharing in AIDS education is encouraging. This writer has explored the possibilities of sharing resource materials with other social service and for profit agencies in this county. This should prove beneficial to all of the agencies willing to participate. Through collaboration and resource sharing, this agency has spent less money on this AIDS project while reaching more of the general population in this county. Brochures, reports and other literature was obtained from the state social service agency free of charge. The director joined the local AIDS Coalition which is made up of decision makers from other service agencies in the county. This coalition meets once a month to share information and training.

Suggested strategies for disseminating AIDS information among employees were: special memo announcements, inclusion in employee and supervisor guides, in company newsletters/health columns, in special meetings, and as part of new employee orientation. As overseer of all the finances of the agency, this writer appreciates the cost effectiveness in this approach. However, the display of AIDS information conspicuously throughout the agency's offices and work areas has not proven effective as an AIDS awareness strategy. Either employees have not read the material or they are not accepting the

information presented in the material. Therefore, this writer explored the possibility of increasing acceptance of the information through a more personal presentation. The presentation was more successful because it allowed the employees the opportunity to express their own views and opinions and incorporate the material into their own thinking process.

Another suggestion was to have medical and legal consultation and collaboration in developing the required educational and policy strategies. If this report were to be the only source to provide a strategy for developing an AIDS policy, such consultation and collaboration was essential. Medical and legal experts who already serve on this agency's board of directors and board of advisors were the resource for both the medical and legal consultation. With their input the AIDS policy is in compliance with local ordinance, as well as state and federal laws.

The stated rationale for developing an AIDS policy was to provide procedures for supervisors to treat AIDS cases fairly. Providing education along with these policies, encourages compassion and understanding toward those who have AIDS. It is further noted that in order for the policy to be effective, supervisors must first understand and support the need for this policy.

This writer was convinced that a policy was needed

and that the policy should be developed before a crisis arises. Waiting until an emergency arose, such as, someone refuses to work with an AIDS victim, or until a panic broke out, would only make it that much more difficult to get the staff to accept a new policy. The effort to implement an AIDS policy was likely to evoke strong and conflicting views. Consequently, getting these views out in the open before they became emotionally overcharged proved to be a good management technique.

Yarber (87), discusses different views regarding AIDS education. Some educators stress the medical/technical approach; others put more emphasis on healthy behaviors, social/ethical issues, abstinence, and "safe sex". The differing views of those in high government add to this confusion. Yarber points out that the U.S. Surgeon General and the Secretary of Education have differed on the instructional emphases that should be given to various AIDS prevention methods and on specific moral messages that young people should receive. The Reagan Administration recommended that the federal government should not mandate a specific curriculum but that the local authorities should determine this. Despite the confusion over how material should be presented, most health educators advocate an approach similar to what is used with other health problem areas. In this way people are provided with enough information to allow them to make intelligent decisions



about self-directed behaviors.

The information provided by Yarber made it clear that accurate information, appropriate attitudes, and direct action were all necessary components in an AIDS education curriculum. If the employees and clients of this agency were made aware of these components, and practiced intelligent self-directed behaviors, then much progress could be made in the prevention of hysteria as well as the prevention of the spread of AIDS in this community.

Specific techniques in developing an AIDS prevention curriculum were suggested by Yarber. First one must identify the specific "model" behaviors expected as a result of instruction. Once the "model" behaviors are identified, they can be used to guide both the content to be taught and the instructional methods to be used. The Behaviors suggested by Yarber are:

PRACTICE a sexual lifestyle that avoids exposure to the AIDS virus.

AVOID sharing drug needles and syringes if using intravenous drugs.

BE ALERT to one's health status relative to AIDS symptoms if one has practiced high-risk behavior.

SEEK medical advice if exposure to the AIDS virus is suspected.

AVOID exposing others if an AIDS virus infection is

suspected or diagnosed.

GET sexual and IV drug-using partners to seek medical care if one is diagnosed as having the AIDS virus.

FOLLOW the physician's directions if one is diagnosed as having the AIDS virus or AIDS.

BE HELPFUL to and supportive of a friend who has AIDS.

BE AN ADVOCATE of AIDS education, of AIDS research and health care, and of the rights of persons infected with the AIDS virus.

SERVE as a resource for accurate information and advice concerning AIDS.

This writer agreed that all of these behaviors were important and must be communicated by the staff to the youth. The youth served by this agency, however, are only in the agency for a short period of time; usually less than five days. Consequently, the staff must be realistic in recognizing the difficulty of presenting in such a short period of time the amount of information necessary to effect the behavioral changes listed above.

The instructional content suggested by Yarber included emphasis on personal behaviors that place one at risk of contracting the AIDS virus and the behaviors that help one avoid infection. These behaviors are as follows: prevention methods (including sexual abstinence and fidelity), use of condoms to avoid exchange of body fluids,

limiting the number of sexual partners, and refusal to share needles or syringes by IV drug partners. One very helpful suggestion made by Yarber was that, when asked a question that they can not answer, instructors should refer the youth to the AIDS hot line. This writer especially liked this suggestion because it is not only a good source of information, but also an opportunity for the youth to experience actually using this resource.

Yarber gave many other good suggestions for learning activities, but they were geared toward the average school student and the school setting. This writer had to continue searching for activities appropriate to the youth who has not yet developed their decision making and problem solving process to the same extent as the average student. This writer needed to create appropriate learning activities during the practicum implementation.

Edwards (1987) suggests a lesson plan that emphasizes the personal behaviors that either put a person at risk or help one avoid infection. Her approach includes topics such as; accurate and relevant knowledge, attitudes conducive to health promotion, education about AIDS, and skills. She suggests that students can be assigned to read the textbook without classroom discussion. This writer could not see how assigning the clients in this shelter to read material without discussion was possible. Most of these youth are poor readers, too involved in their

immediate needs to concentrate on reading assignments, and require more than average support in clarifying their perceptions. Edwards' lesson plan covers a five day period. This time period would be appropriate for educating staff, but it was much too long for the clients of this agency. However her presentation of basic facts was concise and would be easily understood by the youth residing in this shelter.

In their report to the Surgeon General, at the Surgeon General's workshop, Work Group VII stated that meaningless euphemisms should be abandoned in favor of clear and explicit language. Much of the population may not be getting the educational message due to their inability to interpret the vocabulary used. They suggested that the media explore techniques of communication and marketing to reach the less privileged population. Runaways cut across racial, ethnic, and cultural lines and come from all socio-economic classes. They are angry, afraid, and depressed. With their varied background and in their emotional state, they present a doubly difficult challenge. Special emphasis on making the material easy to understand and immediately satisfying was pointed out.

The Children's Defense Fund (1988) recognized the vulnerability of the runaway and troubled youth. They describe runaways as follows:

They are profoundly disconnected from their families as well as other traditional social support systems. They are suspicious of adults and adult institutions, often with good reason given their personal histories. Many are not in school. They have little access to medical and mental health service, (page 16).

Like most adolescents, runaways think they are invincible to dangers such as AIDS and have little desire to think beyond the present. Their immediate struggle for survival on the street consumes their energy, (page 16).

They too frequently get their AIDS information only from peers, and misinformation is rampant among street kids, (page 16).

They are highly transient. Even though they may stay in a single community, they often move frequently from shelter to shelter or street corner to street corner, (page 16).

Organizations and programs that assist runaway youths provide effective crisis services and protection, but the demand far exceeds available resources, (page 16).



The CDF states that, in order to meet the special challenge of these youth, one must seek to "Reach them where and when they can be found, in a language that is direct, concise, and understandable." (p.16). This indicated that an AIDS prevention outreach program would be necessary to reach these youth effectively. If this writer chose to develop this concept into the program, funds would have to be requested to pay for the necessary increase in staff. This is an option that is being further explored now that an effective AIDS program is established to meet the immediate needs of the youth and employees in this agency's current program.

After reviewing the literature, this writer carefully considered the options of developing a training curriculum for the staff, a training curriculum for the youth, an AIDS policy for the agency, and an outreach program for AIDS prevention. Of these options, the first three were considered the most related to the immediate need. They were interrelated in that the runaway and troubled youth served by this agency need a special strategy approach of presenting them with AIDS awareness information. To develop and implement this special strategy effectively, the staff needed to overcome their own misunderstanding and uncertainty about AIDS. An AIDS awareness and prevention training needed to be developed and implemented to help them understand and overcome their fears about

the subject of AIDS. A policy needed to be developed and implemented to promote and encourage a fair and humane attitude about the victims of AIDS.

#### Selected Solution

1. Immediately following the approval of this proposal, this writer followed the current labor laws and recommendations of the Allstate Forum Task Force on Human Resources in developing a personnel policy on AIDS for this agency. The first week following the approval of this proposal, this writer had compiled information collected during the literature review and designed a personnel policy applicable to this agency.
2. This writer presented the new policy to the chairman of the personal committee and the attorney for legal input. They suggested that where the policy states, "...The executive director will make a determination on whether to grant leave in the same manner as it would be granted to other employees with medical conditions.", a reference should be made to the section of the policies that explains the manner of granting medical leave. The policy was modified according to their recommendations.
3. This writer educated agency supervisors on the policy statements and implementation of the policy. The nurse consultant was to have been included in this meeting.

Due to a change in the structure of the agency with which she is employed, she was not able to participate. An AIDS education curriculum was developed to educate the employees of this agency about AIDS in the workplace in order to minimize fear and hysteria among co-workers. Goals of this curriculum were to:

- \* Explain AIDS.
- \* Describe how AIDS is contracted.
- \* Explain how AIDS is spread.
- \* Define what the risks are in the workplace.

4. This education was provided to all current staff during the agency's mandatory staff meetings for that week. Since the meeting was mandatory for all staff, there was no reason for specific staff to feel singled out. At the closing of this meeting, all staff signed the standard personnel policy form used by this agency to indicate that the staff has read and accepts the new personnel policy. The training has now been included in the initial orientation for new staff.

In summary, by the end of April, 1989, personnel policies were developed, and accepted to provide guidelines for managers to deal with infected employees and co-workers in a civil and non-discriminating manner. A curriculum was designed to train 25 current employees about AIDS and how to prevent contracting and spreading AIDS. The components of this curriculum included the most recent information on the impact of AIDS in our society and the most successful methods of stopping the AIDS epidemic.

5. Following the implementation of the staff awareness portion of this practicum and under the direct supervision of this writer, the staff developed a curriculum to educate the clients of the runaway shelter about AIDS. The curriculum was completed by the staff immediately following the staff presentation. It included a process to achieve the following following:

- \* Explain AIDS.
- \* Describe how AIDS is contracted.
- \* Explain how AIDS is spread.

- \* Explain how the individual can protect himself including abstinence.

The curriculum takes into consideration the recommendations of the workshops conducted at The Surgeon General's Workshop on Children with HIV Infection and Their Families. These considerations include, demographics, peer social pressure, values and belief systems, and developmental stage. The curriculum includes a post-test to measure attitude and knowledge about AIDS and how to prevent it. The subject headings were divided among key staff members and an objective and process was developed for each heading. These key persons; the coordinator of residential services, the coordinator of counseling services and three of the counselors met to develop their part of the curriculum. This was done to promote an invested interest on the part of the personnel who are responsible for facilitating awareness groups with the clients. This writer provided input, encouragement, and technical skills in designing the curriculum when needed. Once the curriculum and the test were completed, it was the responsibility of this writer, as director of the agency, to approve the curriculum for the program.

By the end of the second month of this practicum, a curriculum was developed to educate the runaway and



otherwise homeless youth, who participate in the agency's residential program, in the most effective ways of preventing their contracting and spreading AIDS.

6. At the start of the third month of this practicum, the AIDS curriculum was included in the daily activities schedule of the shelter program.

By the end of the tenth month of this practicum, 25 employees and 110 clients of this agency had completed a post-test to measure their knowledge of the prevention of contracting and spreading HIV and AIDS. The post-test designed for the youth was to have been administered to the staff during their orientation. This was to be done to familiarize them with the same test that they were expected to administer. This was not done due to the simplicity of the test. The counselors who drafted the test, felt that this would not be beneficial to the staff and would be a needless step in the process of developing the program. A curriculum for training new employees is in place at the end of this practicum. As a result, the staff has overcome their fear of the AIDS issue and feel comfortable enough to continue to implement the curriculum for educating the clients on the subject of AIDS prevention. This was expressed during a general discussion at the completion of the AIDS training, (See appendix D).

## CHAPTER V

### RESULTS, CONCLUSIONS AND RECOMMENDATIONS

The established goals were accomplished. In this chapter, the results of these actions will be described in the order in which they were achieved. Next, the impact these actions had on the staff and clients will be examined. Finally, recommendations for furthering this solution will be presented for others who wish to address the issue of AIDS awareness in their work setting.

#### Results

A comprehensive personnel policy was written, approved by the board, as well as current employees, and included in the agencies personnel policies manual. Issues of employee relations, affirmative action, medical benefits and safety are covered in this policy. The policy is an effective way for the agency to establish goals and show support for the guidelines established by Surgeon General, Everett Koop, M.D., Sc.D.

This writer followed the suggestions offered in the publication, AIDS: Corporate America Responds, in writing the AIDS policy. As a result, the policy not only provides fair guidelines for the agency director and the staff to follow, it also serves as a tool in educating new employees on the subject of AIDS. Fears of employee discrimination and safety are readily alleviated at the start of

employment. A review of the policy is followed by a brief but thorough AIDS training for new employees.

Once the policy was written and approved by the board, it was presented to the director of programs, the coordinator of counseling services and the coordinator of residential services during a weekly management meeting. The policy was explained and plans were made to present the policy to the staff along with AIDS awareness training.

During this practicum experience, this writer and two of the agency's counselors participated in an AIDS prevention seminar. This was a training program for youth services workers produced by the AIDS High Risk Adolescent Prevention (AIDS/HRap) Project initiated in 1987 by the Community Research Branch of the National Institute on Drug Abuse (NIDA). This training prepared them for the next step in this practicum: that of developing and implementing an AIDS awareness program that they are now presenting to the staff. It also provided the knowledge used in developing an awareness program for the clients in the shelter. Those who participated in the training project were the executive director (in order to make a more informed decision as to what the AIDS curriculum could contain without offending the rights of the clients' parents) and the coordinator of the residential counselors as well as the coordinator of the non-residential counselors. The NIDA trainers provided these participants

with an AIDS/HRap Curriculum manual developed by Westover Consultants, Inc. (1987), a minority owned consulting firm headquartered in Washington, DC.

A special meeting was scheduled. Those attending the meeting were; the executive director, the director of programs, and the coordinators of services. The executive director explained the goal of developing an AIDS awareness program for the agency's clients and staff. This writer shared the information found during the literature review in preparation for this practicum. Information from the literature review and the AIDS/HRap training was used to prepare a training curriculum for the staff. This training was included in the staff development manual and is to be included in the 40 hours of annual training required by our own policies.

The Surgeon General's report was distributed to the staff with instructions to review it before the next full staff meeting. All staff was mandated to attend this meeting for the purpose of discussing the AIDS issue. The meeting was made mandatory in order to prevent individual staff persons from feeling that they might be singled out by fellow employees as having a personal reason for attending the meeting. The training was presented in a general discussion format followed by the Yarber test. To maintain an open atmosphere for further discussion, the staff was instructed not to put their names on the

test as it is simply a survey to measure further training needs. As the presenter read the answer, the employees scored their own test.

The questions answered incorrectly were:

Question one; "Everyone infected with the AIDS virus has developed AIDS.", by two staff persons.

Explanation; These persons stated that they were confused by the fact that the question stated "AIDS virus rather than HIV.

Question two; "The AIDS virus itself usually does not kill the person.", by four staff persons.

Explanation; The staff persons felt that the question should state HIV instead of AIDS virus.

Question nine; "A positive antibody test for the AIDS virus means that the person has developed or will develop AIDS.", by seven staff persons.

Explanation; Again, these persons were confused by the term AIDS virus in place of HIV.

These questions were discussed further during the same meeting in order to confirm the difference between HIV and AIDS and to prevent the confusion from continuing. All other questions on the test were answered correctly



indicating a clear understanding of the ways that HIV can be contracted and spread. Twenty-five employees participated in this process. Reported responses indicated that 18 employees obtained a score of fifteen correct responses. Seven employees were confused by the terminology in questions one, two and nine. They stated that they would have given correct responses had they not been confused by the use of the term AIDS rather than HIV.

At the close of this meeting, the new AIDS policy was reviewed and each employee signed a copy to indicate that they had read it. The signed copy was placed in their file.

The executive director met with the coordinators of services, two residential counselors and two non-residential counselors in preparation for the next step in this practicum. The theme of the meeting centered around AIDS awareness and the developmental stage and the special needs of the clients served by this agency. Although the AIDS/HRap Curriculum Manual contained information that the counselors considered too comprehensive for the twelve through fourteen year old clients served short term, it did serve as a guide in developing a curriculum geared to this client population.

The counselors worked together in developing a curriculum that uses language geared to the demographics of the client population. Time was also a consideration.

The clients are in the shelter for an average of five days. Therefore, the curriculum had to be brief enough to cover the information during one forty-five minute a week group activity in order to fit into the already tightly structured schedule.

It was decided that purchasing posters with AIDS prevention messages and displaying them throughout the agency would enhance the AIDS awareness project. Encouraging the clients to design AIDS prevention posters in the arts and crafts activities would also reinforce the prevention message. The staff searched media catalogs and found AIDS prevention videos that would be appropriate to the age level of the clients and would catch their attention while promoting the AIDS prevention message. One video was purchased and included in the AIDS prevention curriculum.

A simple test was developed to measure the awareness of AIDS prevention. This test is used as a pre-test and a posttest as a means of providing the client with an immediate sense of satisfaction in obtaining new knowledge and as a means of identifying the facts that may need further clarification.

Major issues of controversy among staff involved in developing a curriculum for this age group was:

1. Should abstinence be the only method of prevention

discussed or should safe-sex be discussed as well?

2. If safe-sex is discussed, should the use of condoms be described?

It was decided that abstinence would be emphasized but safesex would be discussed and condoms would be described due to the high risk incidence of the targeted population. Exceptions would be made on an individual basis. This meant that the information given to parents, when permission for their child to be sheltered at this agency is requested, would need to include a statement that AIDS awareness and prevention information is included in the program activities. The permission form was modified to include this information.

The goal of developing an AIDS awareness curriculum for the clients was achieved and it is now being implemented in the program activities. The information is presented in a fortyfive minute awareness group, one day each week. The group is always facilitated by one male counselor and one female counselor. Explicit language is used to replace the more common euphemisms and correct terminology is introduced to their vocabulary. The clients are encouraged to practice skills needed to communicate this information when confronted with a high risk situation. The test developed for this curriculum is short and simple. In

order to insure that the questions are understood, they are read aloud by one of the counselors or one of the clients.

Posters are displayed in the shelter to reinforce the AIDS prevention message. AIDS prevention is presented as a choice message for posters made in the arts and crafts activities. The agency's library contains several videos that promote the AIDS prevention message. Scriptographic books containing AIDS prevention information are displayed in the shelter and readily available to the clients along with other AIDS prevention literature.

Although unforeseen circumstances interrupted the group activities for approximately two months, 110 clients have participated in the AIDS awareness group. There was a reorganization of counseling staff. Offices were moved and new offices were added to the shelter. The final results show that 110 of the youth tested answered more questions incorrectly on the pre-test and fewer questions incorrectly on the post-test. When given as a pre-test, the participants tended to give several answers to each question indicating that some correct answers were a result of guessing. Some questions were not answered at all. When given as a post-test all of the questions were answered correctly. This may be due to the fact that the test itself was used as an instructional tool. The correct answers were given immediately following the pre-testing and

reinforced during the presentation. The responses on the post-test indicate that those youth participating in the AIDS awareness groups gained some knowledge of the ways that HIV is contracted and spread.

All of the staff, including the youth care workers, feel comfortable discussing AIDS with the clients and in conducting the activities described in the AIDS prevention curriculum. This was demonstrated during role play activities and during the discussion of specific topics at the conclusion of the training.

#### Conclusions

This practicum was successful in achieving the goal of devising effective strategies to promote AIDS awareness and understanding among the employees and clients of a shelter for runaway and troubled youth ages twelve through fourteen years. The following objectives were met:

1. To develop and implement an AIDS personnel policy.
2. To provide AIDS awareness training for twenty-five employees.
3. To design and implement an AIDS awareness curriculum for the clients in the shelter.

The new personnel policy was accepted by the board



members and employees. During the discussion of the new policy, the employees accepted the fact that they may one day be required to work with an HIV positive co-worker or client. This created no expressed or undue fear among the current employees. An in depth training on AIDS prevention will be presented to the employees on an annual basis as part of their required 40 hours of annual training. New employees will receive AIDS awareness training as part of their preliminary orientation and training.

Twenty-five employees and 110 clients have been presented with HIV and AIDS prevention information on the ways that HIV can be contracted and spread. Among the employees and clients who participated, pre-tests and post tests indicate that there is a better understanding of and more empathy for, those persons who have tested HIV positive or have AIDS. They have indicated in the testing that are aware that casual social contact will not spread the virus. These tests also indicate an awareness of the ways that these employees and clients can protect themselves from contracting and spreading HIV.

There is no means of knowing whether this awareness will change their behaviors. It can only be hoped that this information will be assimilated into their problem solving and decision making process if and when they are confronted with a high risk situation.

There were several unanticipated outcome of this

practicum. The responses of the clients when a reference was made to homosexuality were stereotypical. Many misconceptions and fears of the gay population were expressed. This indicated to the counselors that not only did most of the clients relate AIDS to the gay population, they also had a general negative attitude toward individuals that "acted gay". Therefore, the inclusion of a discussion on human sexuality to alleviate fears and promote positive sexual identity is now being considered.

The possibility of parents requesting that their child not participate in the AIDS awareness group led to the decision to include a section on "Discussing AIDS Prevention With Youth Child" in the parent training groups offered by this agency.

This agency has developed a closer working relationship with the state public health agency. At our request, they sent their health education supervisor to evaluate our AIDS prevention activities. They not only gave us positive feedback on these activities, they also offered to supply us with more AIDS prevention information and materials. We are in the process of negotiating a contract to do AIDS prevention outreach from this agency.

#### Recommendations

Based on the results of this practicum, this writer recommends that agencies that work with runaway and troubled youth and families and who want to promote AIDS awareness

and understanding among the staff and clients, plan at least two strategies.

First, develop personnel policies that insure fair and humane treatment of those inflicted with the virus.

1. Obtain a copy of AIDS: Corporate America Responds. This publication provides exceptional guidelines in developing an appropriate policy and gives examples of how many of the country's corporations have tackled this problem.
2. Have this policy reviewed by a corporate attorney approved by your board to assure compliance with the federal labor laws.
3. Before presenting this policy to your employees, get the managers and direct supervisors input and commitment to assure employee support of the policy.
4. Be prepared, and prepare the managers and supervisors, to discuss the policy and answer questions when presenting the policy in a full staff meeting.
5. Provide AIDS education for all employees before

presenting the new policy. Include AIDS education in the staff development plan.

Once the policy has been accepted and staff has been provided with AIDS education, assist the staff in developing an AIDS curriculum to educate the clients. Allowing the staff to help develop the curriculum will accomplish several of the following objectives.

1. It promotes their investment in seeing that the curriculum is successfully adhered to and included in the weekly schedule.
2. It promotes their desire to learn more about the AIDS issue and increases their confidence in implementing the curriculum.

In designing a curriculum for AIDS education, make use of local and national AIDS organizations such as:

1. The National AIDS Clearing House. They will provide posters and literature free of charge. To contact them, call 1-8-458-5231.
2. Contact the National Institute on Drug Abuse. Through their AIDS High Risk Adolescent Prevention

Project, you will receive education and training for your key staff persons, who can then train other members of your staff.

3. Contact your local Red Cross. They provide AIDS education literature free of charge and videos at minimal cost.
4. Contact your local Public Health Department. They can assist in providing information on the needs of your community as well as information on confidential HIV testing for those youth who are assessed to be practicing high risk behaviors.
5. The Southeastern Network of Youth and Family Services has developed an AIDS education curriculum for high risk youth. This curriculum was completed by the end of this practicum. You can reach them by calling (404) 354-4568.
6. Safe Choices, funded under a cooperative agreement with the U.S. Centers for Disease Control, has developed "Safe Choices-A Guide to Developing AIDS/HIV Policies and Programs for Organizations Serving High-Risk Youth." The guide is designed to assist basic centers in addressing the



challenges raised by the AIDS/HIV epidemic and is divided into seven modules: Policy Development, Street Outreach, Hotlines and Foster Care Settings. You may obtain more information about the Safe Choices Project or request assistance in developing AIDS/HIV prevention programs by contacting the project director, National Network of Runaway and Youth Services (202) 6824114.

A major result of this practicum was the discovery of three AIDS training guides developed specifically for the population served by this agency. However, a more important accomplishment of this practicum is that the staff has the experience, confidence, and awareness necessary to adopt and implement these guides in creating a more effective AIDS awareness program for the youth and families we serve.

#### Disseminating These Practicum Results

This information will also be disseminated among the fellow members of the Southeastern Network of Youth and Family Services and the Florida Network of Youth and Family Services. This organization is made up of agencies similar to the agency in which this writer works and in which this practicum was conducted.

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APPENDIX A  
PERSONNEL POLICY

## SECTION XVII

1.10 AIDS INFORMATION AND EDUCATION

In support of \_\_\_\_\_'s AIDS awareness initiatives, the Executive Director, will provide educational information to employees to increase their understanding of AIDS and to facilitate the proper handling of personnel situations where AIDS is a factor.

1.20 DEFINITION

The term AIDS is used to refer either to the general AIDS phenomenon or to clinically diagnose AIDS as a medical condition. HIV (Human Immunodeficiency Virus) is used when the discussion is referring to the range of medical conditions which HIV infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).

1.30 GENERAL POLICY

Guidelines issued by the Public Health Services' Centers for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk of transmission of AIDS." Therefore, HIV infected employees would be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace. If performance or safety problems arise, they will be addressed by applying existing agency personnel policies and practices.

HIV infection can result in medical conditions which impair the employee's health and ability to perform safely and effectively. In these cases, HIV infected employees will be treated in the same manner as employees who suffer from other serious illnesses. In these situations, the Executive Director will make a determination on whether to grant leave in the same manner as it would be granted to other employees with medical conditions. (SEE PERSONNEL POLICIES, SECTION IX:1.10-1.20B)

1.40 EMPLOYEE CONDUCT

In situations where fellow employees express reluctance or threaten refusal to work with HIV



infected employees, such reluctance is based on misinformation or lack of information about the transmission of HIV. There is, however, no known risk of transmission of HIV through normal work place contacts, according to leading medical research. These fears will be addressed through information counseling.

In situations where informative counseling does not solve the problem and where management determines that an employee's unwarranted threat or refusal to work with an HIV infected employee is impeding or disrupting the organization's work, it will be considered appropriate to take corrective or disciplinary action against the threatening or disruptive employee(s).

In other situations, management may be faced with an HIV infected employee who is having performance or conduct problems. Management will deal with these problems through appropriate counseling, remedial information, and if necessary, disciplinary measures.

1.50

#### HEALTH AND SAFETY STANDARDS

All employees shall practice health and safety practices consistent with the center for disease control recommendations for preventing transmission of infection with HIV in the workplace, 34 MMWR 681 (November 15, 1985). This document is included in the YSC Standard Operating Procedures Manual.

1.60

#### BLOOD DONATIONS

It is the policy of to inform all employees that, under the guidelines established by the American Red Cross, there is no risk of contracting AIDS from giving blood. However, fears associated with AIDS have contributed to a situation where many of the nation's blood banks are in short supply.

APPENDIX B  
AIDS AWARENESS TRAINING FOR STAFF

## AIDS AWARENESS AND PREVENTION

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| Outline.....                             | 1 |
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### AIDS AWARENESS TRAINING FOR STAFF

To Be Included In The YSC Staff Development Guide.

#### I. GOALS:

To increase employee awareness and understanding of Acquired Immune Deficiency Syndrome (AIDS) and how they can protect themselves and others from contracting and spreading Human Immuno Deficiency Virus (HIV).

To help alleviate some of the destructive panic with which the individual may be faced in their daily lives.

To provide information that will help individuals to make intelligent decisions about self-directed behaviors.

#### II. OBJECTIVES:

To provide information that will contribute to a decision to practice a life style that avoids exposure to HIV.

To provide information that will assist the individual in assessing his or her risk of contracting HIV.

To provide information that will alleviate excessive fear and panic so that individuals will be helpful to and supportive of those who may test positive for HIV.

To provide information that will encourage the individual to be an advocate of AIDS education, and of the rights of persons infected with HIV.

To provide information that will increase the individuals confidence and abilities to act as a resource for educating others about HIV and AIDS.

#### III. OUTLINE:

Define HIV and AIDS, How HIV is Contracted and Spread and How to Prevent This.

Specific Behavioral Objective;

During a full two hour staff meeting, twenty-five employees should be able to participate in a general discussion of the definition of HIV and AIDS, how it is spread, and how contracting and spreading HIV can be prevented.

Materials;

\* Surgeon General's Report to the American Public.

- \* The AIDS/HRap Curriculum; Unit Two, BASIC FACTS ABOUT AIDS AND HIV and Unit Five, ADOLESCENT HIV RISK ASSESSMENT.
  - \* The Risk Assessment Guidelines provided by HRS, Substance Abuse Prevention Coordinator.
  - \* A resource sheet for AIDS information.
  - \* Yarber Test on AIDS Awareness.
  - \* YSC AIDS Policy \* Role Play Activities \* Discussion Topics
- Preparation;

The Surgeon General's Report will be distributed to all employees. Employees will be instructed to review this report in preparation for a discussion of HIV and AIDS in a scheduled mandatory full staff meeting. A memo from the executive director will be posted two weeks prior to the full staff meeting. The memo will state that the full staff meeting is mandatory and that the topic will be AIDS awareness.

#### Procedure;

The coordinators of residential and non-residential services will present the material in The AIDS/HRap Curriculum; Unit Two, pages 18-42, and Unit Five, pages 15-24.

The following topics will be open for general discussion.

- \* The Immune System and HIV
- \* HIV Transmission Modes
- \* High Risk Factors and Behaviors

The Yarber Test on AIDS Awareness will be administered. upon completion, the presenter will read the answers to the test and individuals will score their own test results. Names will not be recorded on the test. There will be a short break while the presenter tabulates incorrect answers. Those questions answered incorrectly will be discussed further in order that all individuals understand the correct answers. (This may be done as correct answers are read for immediate clarification of misinformation.) Role play and Topic Discussion will follow.

The New AIDS Policy will be distributed and reviewed. Each employee will sign and date the New Policy Review form to indicate that they have been introduced to the new policy.

The meeting will end with the distribution of the risk assessment guidelines and a resource sheet for further information.



APPENDIX C  
AIDS KNOWLEDGE SELF-TEST

## AIDS KNOWLEDGE SELF-TEST

For each statement, circle the letter T, F, or U to indicate whether you believe the statement to be True, False, or Undecided.

- |   |   |   |     |                                                                                                                                                                                                              |
|---|---|---|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T | F | U | 1.  | Everyone infected with the AIDS virus has developed AIDS.                                                                                                                                                    |
| T | F | U | 2.  | The AIDS virus itself usually does not kill the person.                                                                                                                                                      |
| T | F | U | 3.  | A person having the AIDS virus can pass it on even though that person shows no AIDS symptoms.                                                                                                                |
| T | F | U | 4.  | During sexual activity, exchange of such body fluids as semen is one way of transmitting the AIDS virus.                                                                                                     |
| T | F | U | 5.  | Drug users who share needles and syringes are at high risk for getting the AIDS virus.                                                                                                                       |
| T | F | U | 6.  | A person can get the AIDS virus from giving blood.                                                                                                                                                           |
| T | F | U | 7.  | Only homosexual and bisexual males get AIDS.                                                                                                                                                                 |
| T | F | U | 8.  | Women can transmit the AIDS virus to sex partners.                                                                                                                                                           |
| T | F | U | 9.  | A positive antibody test for the AIDS virus means that the person has developed or will develop AIDS.                                                                                                        |
| T | F | U | 10. | Students who have engaged in high-risk sexual or IV drug-using behaviors can get confidential AIDS testing and counseling.                                                                                   |
| T | F | U | 11. | The AIDS virus can be spread through everyday social contact, such as touching or being near a person with AIDS.                                                                                             |
| T | F | U | 12. | A person who either practices sexual abstinence or restricts sex to an uninfected partner and remains faithful to that partner and who does not use IV drugs has almost no chance of getting the AIDS virus. |
| T | F | U | 13. | The use of condoms when having sex is an effective way to reduce the risk of getting the AIDS virus.                                                                                                         |

- T    F    U    14.   A person infected with the AIDS virus through  
IV drug use can pass the virus to a sex  
partner even though the partner does not  
use IV drugs.
- T    F    U    15.   There is a national, toll-free, telephone  
hotline that provides AIDS information.

Adapted from AIDS: What Young Adults Should Know by William  
L. Yarber (American Alliance Publications, 1987). This test  
may be reprinted without permission of the publisher.

## ANSWERS TO AIDS KNOWLEDGE SELF-TEST

Following are the answers and brief explanations to the AIDS Knowledge Self-Test.

1. Everyone infected with the AIDS virus has developed AIDS.  
FALSE: Most health experts believe that from about 10% to 30% of those infected with the AIDS virus will develop AIDS.
2. The AIDS virus itself usually does not kill the person.  
TRUE: People with the AIDS virus acquire a variety of diseases that are not usually caught by healthy people, Because their immune system has been weakened. The persons die from these diseases, not usually for the AIDS virus.
3. A person having the AIDS virus can pass it on even though that person shows no AIDS symptoms.  
TRUE: Persons with the AIDS virus can transmit it to others even if symptoms do not develop. Also, one cannot determine if another person has the AIDS virus from the person's appearance.
4. During sexual activity, exchange of such body fluids as semen is one way of transmitting the AIDS virus.  
TRUE: Intimate sexual contact is the most common way the AIDS virus is transmitted. It can be passed when infected semen, vaginal secretion, or blood enters the vagina, rectum, or mouth of a sexual partner.
5. Drug users who share needles and syringes are at high risk for getting the AIDS virus.  
TRUE: When IV drug users have the AIDS virus, their infected blood is exchanged when they share their needles and syringes.
6. A person can get the AIDS virus from giving blood.  
FALSE: One cannot get the AIDS virus from donating blood since all equipment used to take blood donations is sterile.
7. Only homosexual and bisexual males get AIDS.  
FALSE: Anyone, heterosexual homosexual, or bisexual who engages in risky sexual or IV drug use behaviors can acquire the AIDS virus. It is the risky behaviors, not one's sexual orientation, that places the person at risk.
8. Women can transmit the AIDS virus to sex partners.  
TRUE: Male partners of infected women have become infected with the AIDS virus. There have been very few woman to woman transmissions.
9. A positive antibody test for the AIDS virus means that the person has developed or will develop AIDS.

FALSE: The presence of the antibodies does not mean that the person has or will develop AIDS; some become very ill and others do not.

10. Students who have engaged in high-risk sexual or IV drug-using behaviors can get confidential AIDS testing and counseling.  
TRUE: Local or state health departments provide AIDS testing sites where confidential testing and counseling is available for all persons including teenagers.
11. The AIDS virus can be spread through everyday social contact, such as touching or being near a person with AIDS.  
FALSE: No one should be afraid of getting the AIDS virus by casual, social, or family contact. People can, for example, work with others, attend school and public events, eat at restaurants, and be around members of high-risk groups without the fear of getting the AIDS virus.
12. A person who either practices sexual abstinence or restricts sex to an uninfected partner and remains faithful to that partner and who does not use IV drugs has almost no chance of getting the AIDS virus.  
TRUE: The surest way of not getting the AIDS virus is to abstain from sexual intercourse and other intimate sexual acts. Further, it is nearly impossible for a couple practicing sexual fidelity to get AIDS. This is true unless one partner is already infected at the start of the relationship, or if either partner uses IV drugs and shares needles or syringes.
13. The use of condoms when having sex is an effective way to reduce the risk of getting the AIDS virus.  
TRUE: The use of condoms prevents body fluids, such as semen, vaginal secretions, or blood, from entering one's body. However, there is still some risk since the condom is not 100% effective.
14. A person infected with the AIDS virus through IV drug use can pass the virus to a sex partner even though the partner does not use IV drugs.  
TRUE: The infected person can transmit the AIDS virus during intercourse or other intimate sexual contact.
15. There is a national, toll-free, telephone hotline that provides AIDS information.  
TRUE: In the United States the number is 1-800-342-AIDS.



APPENDIX D  
DISCUSSION TOPICS FOLLOWING AIDS AWARENESS TRAINING

## DISCUSSION TOPICS FOLLOWING AIDS AWARENESS

To be conducted following AIDS Awareness Training.

The group leader will facilitate an open discussion of the following questions.

1. Do you think that this training has helped you to distinguish between some of the myths and facts about AIDS?
2. Do you feel that you would feel comfortable working with a co-worker who has tested HIV positive?
3. Do you feel comfortable discussing with the clients the high risk behaviors and how they should and can be avoided?
4. Do you feel that you will be comfortable conducting a high risk assessment with the clients?
5. Would you feel uncomfortable around a child who you knew was HIV positive?
6. Do any of you have any suggestions for future training in AIDS related issues?

APPENDIX E  
AIDS AWARENESS CURRICULUM

## AIDS AWARENESS AND PREVENTION

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## AID AWARENESS AND PREVENTION

### A Guide for Group Leaders

#### I. GOALS:

To provide information that will help youth, ages twelve through fourteen, to make intelligent decisions about self-directed behaviors.

#### II. OBJECTIVE:

Given a group of youth, ages twelve through fourteen, who are exhibiting runaway, ungovernable and/or truant behaviors, each should be able to describe the ways in which HIV is contracted and spread and how to prevent themselves and others from contracting and spreading HIV.

#### III. OUTLINE:

##### A. Pre-Test Questionnaire

Clients will be given a pre-test questioner to be compared to a post-test questionnaire in order that clients and staff may measure the results of the group participation and to provide the participants with immediate feelings of success in acquiring new knowledge.

Materials and preparation;

Copies of a pre-test consisting of 10 questions; HOW MUCH DO YOU KNOW ABOUT AIDS? Pencils.

A test sheet will be given to each member of the group with an explanation of why they are taking the test and instructions on how they are to complete the test.

In order to create a non-threatening atmosphere, no client identification will be required on the test sheet.

The group leader will read the questions and ask the members to select one of the following answers.

Tests will not be collected until after the post test has been given and compared to the pre-test at the end of the group activity.

##### B. Ice Breaker:

Given the opportunity to express their personal vocabulary related to AIDS will create a non-threatening atmosphere for the youth to discuss the issue of AIDS in their own words. At the same time, more appropriate terminology will be presented and clarified in a natural and non-threatening manner.



### Materials and Preparation

Chalk board and chalk.

Clients will be asked to brain storm words that can be associated with the term "AIDS".

#### C. Defining AIDS; What Causes it and How to Prevent it.

Being presented with facts about AIDS, its causes and how to prevent it, the members of the group will be able to process this information in relation to high risk behaviors that they may encounter in their daily lives.

Materials and Preparation;

Video: THE SUBJECT IS AIDS, VCR.

The video will be presented. A discussion will follow the video in order to process the information. The following topics will be included in the processing of the video.

Social Issues

Alienation

Rejection

Reporting to sexual partners.

#### D. Ways to Prevent or Reduce the Risk of Contracting and Spreading HIV.

Having processed the information presented in the video; THE SUBJECT IS AIDS, the members of the group will be able to discuss the various ways in which HIV can be contracted and spread and how the risks can be prevented or reduced.

Materials and Preparation;

Scriptographic Booklet: What Young People Should Know About AIDS, condom for demonstration. Scriptographic Booklet: ABOUT AIDS AND SHOOTING DRUGS.

The following topics will be discussed and behaviors for avoiding these risks will be role played.

AIDS and Drug Use

AIDS and Sexual Contacts

AIDS and Babies

The condom will be introduced and its use will be described by the group leaders.

#### E. Post-Test Questionnaire/Comparison with Pre-Test Results.

Comparing the Post-Test results with the Pre-Test Results should give an indication that the members of the group have acquired the information presented in the group.

Materials and Preparation;

Copies of the Post-Test: HOW MUCH DO YOU KNOW ABOUT AIDS?  
pencils.

The post-test questionnaire will be administered in the same way that the pre-test questionnaire was administered. The group leader will again read the correct answers and the members will evaluate their responses. The members will then be asked to compare the tests to see if they got more correct answers on the post-test. Any incorrect answers should be clarified immediately.

The members of the group will be given the Scriptographic Booklets: WHAT YOUNG PEOPLE SHOULD KNOW ABOUT AIDS and ABOUT AIDS AND SHOOTING DRUGS. They will also be given a resource list of contacts they can make for further information about AIDS, including the AIDS Hotline.

## AIDS AWARENESS

### Creating an AIDS Awareness Environment At YSC

#### A. LITERATURE:

The following literature will be displayed in all residential and counseling buildings and be readily available to clients in the consumer library.

What Young People Should Know About AIDS 15149  
 About AIDS and Shooting Drugs 14787  
 About Protecting Yourself From AIDS 15123  
 (Scriptographic; Channing L. Bete Co., Inc. 1-800-628-7733)

AIDS: A Guide for Survival  
 (The Harris County Medical Society and the Houston Academy of Medicine, 1987. Contact Health Department)

Brochures provided by HRS, Red Cross and National AIDS Information Clearing House 1-800-458-5231

You Can Do Something About AIDS (Harper & Row, 1988)

---

Books and literature for staff use are located in the staff resource library.

AIDS High Risk Adolescent Prevention Project  
 (National Institute on Drug Abuse)

You Can Do Something About AIDS (Harper & Row, 1988)

AIDS Prevention Program For Youth: Information for Teachers/Leaders  
 American Red Cross (1987)

## B. VIDEOS:

The following videos will be kept in the counselor's resource library. They are available upon request for staff and client viewing and discussion groups. Clients must be accompanied by a counselor or youth care worker when viewing these videos. A discussion to facilitate processing the information must be conducted by the counselor or youth care worker when clients view these videos.

The Subject is AIDS

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## C. POSTERS:

AIDS Prevention Posters will be displayed in the residential and non-residential buildings. Messages promoting AIDS Prevention information will be presented to clients as a topic for poster designs during arts and crafts activities.

## D. CLIENT ACTIVITIES:

Clients will be encouraged to search newspapers for articles relating to the AIDS issue.

When teaching problem solving and decision making skills, Clients will be encouraged to role play skills for avoiding high risk situations that could lead to contracting or spreading HIV. Clients will discuss the information and consequences evaluated in making their decision to avoid the situation.

AIDS awareness and prevention groups will be conducted on a weekly basis and more frequently when necessary. These groups will include role playing the skills for avoiding high risk situations. The AIDS Awareness: Group Leaders Guide will be use to conduct these groups.

Counselors will discuss AIDS prevention information with parents when ever possible. AIDS prevention information will be included in parent information packets.

All parent training/support groups will include a segment on HOW TO DISCUSS AIDS PREVENTION WITH YOUR CHILD. The guide provided by the National AIDS Information Clearing House will be used in these segments along with other appropriate materials.

Group: THE SUBJECT IS AIDS.

I. Pre-test questionnaire .

II. Ice Breaker - Word association/ AIDS.  
Brainstorming (blackboard)

III. Film : THE SUBJECT IS AIDS

IV. Process film: Social issues.  
Alienation  
Rejection  
Reporting to love partners.

V. Ways to reduce contract AIDS: IV Drug use.  
Condoms  
Neonate.

VI. Post-test questionnaire / comparison with pre-test results.



APPENDIX F  
AIDS AWARENESS PRE-TEST AND POST-TEST



FLORIDA AIDS  
HOTLINE  
1-800-FLA-AIDS

84

## HOW MUCH DO YOU KNOW ABOUT AIDS ?

- 1. AIDS is spread primarily through A) sneezing on someone.  
B) sexual contact or sharing IV drug needles. C) toilet  
seats.
- 2. The best prevention of AIDS is A) not having sexual  
contact at all. B) drinking a lot of beer. C) using birth  
control pills.
- 3. The virus associated with AIDS is A) XYZ. B) MTV.  
C) HIV.
- 4. You may be at risk of AIDS if you have A) many short-  
term sexual relationships. B) a monogamous sexual  
relationship for years. C) a condom.
- 5. A condom (rubber) is A) good forever. B) to be used  
only once. C) the male's responsibility.  
D) a waste of time to use.
- 6. If a person has AIDS he/she can be easily A) made well.  
B) detected and noticed. C) unknowingly spreading  
AIDS.
- 7. There is a higher risk of getting AIDS when A) born  
of an infected mother with AIDS. B) donating blood.  
C) kissing someone who has AIDS.
- 8. One of the risks of mixing alcohol/ drugs with sex is  
that A) you forget what you're doing. B) it affects  
judgement, making you more likely to engage in risky  
sexual behavior. C) you fall asleep.
- 9. AIDS affects a person's A) immune system. B) political  
party. C) ability to have a close friend.
- 10. Which person is risk free regarding getting AIDS, a  
A) heterosexual. B) homosexual. C) IV drug abuser.  
D) none of the above.



APPENDIX G  
BRIEF SYNOPSES OF STATE LAWS RELATING TO  
HIV/AIDS EDUCATION FOR STAFF AND CLIENTS

## DOCUMENTS RELATING TO HIV/AIDS EDUCATION FOR STAFF AND CLIENTS

1. 1988 House Bill 1519 (Comprehensive AIDS Law).
2. 1989 House Bill 1590 (AIDS GLITCH LAW).
3. Florida Administrative Code Final Rules of the 1988 Comprehensive AIDS Law.

Pages 25 through 28 of the Final Rules as related to this practicum student by the District AIDS Trainer.

\* Chapter 10-D-93.074 (3) (d) states "Those HRS programs and agencies licensed by HRS are required to educate clients and shall consider the following criteria as appropriate, in determining course content, length of course, and capability of the client to educate:" There is not set criteria for the education of all clients. Each facility is allowed to design its own educational program, taking into account the eight factors listed on page 26.

\* Chapter 10D-93.074 (3) (e) states "The basic objectives of the minimum AIDS and HIV course content are as follows", (pages 26 and 27).

\* Chapter 10D-93.074 (3) (f) states "The HIV and AIDS educational course must contain the following as a minimum." The outline which follows (pages 26 through 28) should be used to develop the education program which would best serve the employees and clients of your particular facility.

\* The Centers for Disease Control has numerous posters, pamphlets and general information available, IN BULK, through the:  
National AIDS Information Clearinghouse  
P.O. Box 6003  
Rockville, MD 20850

\* We at the HRS Health Program Office are available to answer questions regarding your development of an educational program for your employees and clients. Enclosed is a list of videos available through our office to check-out, for up to a two week period, through our secretary. You are welcome to call us at (407) 423-6245 to order a video or for additional assistance.

\* Information received from the state social service agency.

\* This is a written response to a telephone request for information about AIDS education laws.

APPENDIX H  
VIDEO CATALOG



HRS-AIDS PROGRAM  
 DISTRICT 7  
 400 W. ROBINSON STREET  
 SUITE 808  
 ORLANDO, FLORIDA 32801  
 407-423-6245  
 SUNCOM 344-6245

AIDS VIDEO LIST

AIDS: WHAT EVERYONE NEEDS TO KNOW (REVISED)

Time: 19 1/2 min. 1/2" VHS

Audience: General (ages 14 to adult)

Churchill Films

662 N. Robertson Blvd.

Los Angeles, Ca 90069-5089

1-800-334-7830

Description: This teaching film explains the facts about AIDS: how the AIDS virus is and is not transmitted: what high-risk behaviors are and why it is necessary to avoid them. Animation explains the body's immune system, showing how the AIDS virus disables it. The film stresses prevention noting that abstinence and avoiding used IV drugs needles are the sure ways not to be infected by the AIDS virus. Interviews with AIDS patients bring home to viewers the absolute necessity of avoiding infection by the AIDS virus.

AIDS: WHAT EVERYONE NEEDS TO KNOW

Time: 18 min.

1/2" VHS

Audience: General

Churchill Films

662 N. Robertson Blvd.

Los Angeles, Ca 90069-5089

1-800-334-7830

Description: Teaching film on the symptoms and diagnosis: how AIDS is and is not transmitted, explanation of the immune system and how the AIDS virus invades the immune system, how the invitation of AIDS lays the body open to growing danger to the general population, how to protect oneself, interview with a family in which the husband has AIDS.

## SEX, DRUGS &amp; AIDS

Time: 18 min. 1/2" VHS  
 Audience: Ages 15 to young adult  
 O.D.N. Productions  
 74 Varick Street #304  
 New York, NY 10013  
 212-226-1083  
 Description: This film hosted by actress Rae Dawn Chong tells young people what they need to know to avoid getting this deadly disease. The film describes what AIDS is, how it can and cannot be transmitted and provides peer support for modifying at-risk behavior. Promotion of understanding about those who are infected with the AIDS virus.

## THE SUBJECT IS AIDS

Time: 18 min 1/2" VHS  
 Audience: Ages 15 to young adult  
 O.D.N. Productions  
 74 Varick Street #304  
 New York, NY 10013  
 212-226-1083  
 Description: \*Revised version of SEX, DRUGS, AND AIDS.

## AIDS: EVERYTHING YOU AND YOUR FAMILY NEED TO KNOW...BUT WERE AFRAID TO ASK

Time: 39:21 min 1/2" VHS  
 Audience: General  
 HBO Studio Productions  
 120 A East 23 St.  
 New York, NY 10010  
 212-512-7800  
 Description: Host speaker Surgeon General Everett Koop. Questions from people to Koop about AIDS, transmission and how to protect yourself.

## AIDS: PROTECT YOURSELF

Time: 22:25 min. 1/2" VHS  
 Audience: High school-young adult  
 Harris County Medical Society  
 Description: Explains what AIDS is, how it is spread and high risk activities.

## ABOUT AIDS

Time: 15 min 1/2" VHS  
 Audience: General  
 Pyramind Film & Video  
 Box 1048  
 Santa Monica, Ca 90406  
 213-828-7577  
 Description: Basic AIDS information: what it is, how it spreads, and how to protect yourself.

## AIDS BULLETIN FOR LAW ENFORCEMENT OFFICERS

Time: 1/2" VHS  
 Audience: Law enforcement officers  
 Florida Department of Law Enforcement-Division of Criminal Justice - Standards and Training Bureau of Training  
 P.O. Box 1489  
 Tallahassee, Fl 32302  
 904-488-8547  
 Copies may be received from the Health Program Office  
 Description: Focus on how AIDS virus is spread, high risk activities, causal contact, on the job risk, violence and AIDS and defensive tactics against AIDS.

## AN EPIDEMIC OF FEAR: AIDS IN THE WORKPLACE

Time: 23:19 min 1/2" VHS  
 Audience: General (employers and employees of most business and governmental workplace settings)  
 San Francisco AIDS Foundation  
 AIDS Care Video  
 333 Valencia St. 4th Floor  
 San Francisco, Ca 94103  
 415-864-4376  
 Description: Designed to provide decision and policy makers, management, and employees with information about AIDS. Addresses the normal fears concerning a new disease, reduce irrational and disruptive reactions and promotes a stable work environment whenever the issue of AIDS enters the workplace.

## ABOUT AIDS

Time: 20 min 1/2" VHS  
 Audience: General (18 years and up)  
 Channing L. Bete Co., Inc.  
 200 State Road  
 South Deerfield, Ma 01373  
 1-800-628-7733  
 Description: Helps viewers separate facts from fiction and deals directly with issues including self-protection, testing for AIDS, what a positive test result means and where a person can go if they believe they've been exposed to HIV.

## WHAT IS AIDS?

Time: 16 min 1/2" VHS  
 Audience: Children up to 14 years  
 Coronet/MIT Film & Video  
 108 Wilnot Road  
 Deerfield, Il 60015  
 1-800-621-2131  
 Description: This film recognizes that teaching serious facts on AIDS to children required a sensitive, yet personal approach. Through live-action dramatizations, and easy to identify with analogies, the program shows how the "tricky" virus does damage after it fools the immune system into thinking it is not an enemy. It also makes it clear that the virus can only do such damage if it is "invited" in through the use of needles and through sex. In this way, it focuses on what can be done to prevent AIDS, while dispelling many of the myths surrounding the deadly disease.

## INVITATION TO A VIRUS: SAFEGUARDS FOR DENTISTS AND DOCTORS

Time: 16 min 1/2 " VHS  
 Audience: Dentists, doctors and health care professionals  
 Pyramid Film & Video  
 2801 Colorado Ave.  
 Santa Monica, Ca 90404  
 213-828-7577  
 Description: Illustrates and explains up-to-date infection control procedures. Though some of the procedures are specific to dentists or physicians, each group will find valuable information for staff training in both segments because the principles of infection control are the same for both disciplines.

**AIDS: THE SURGEON GENERALS UPDATE**

Time: 32 min  
Audience: General  
Pyramid Film & Video  
2801 Colorado Ave.  
Santa Monica, Ca 90404  
213-828-7577  
Description:

1/2" VHS

**ON GUARD: INFECTION CONTROL FOR SAFETY AND HEALTH CARE PROFESSIONALS**

Time: 30 min  
Audience: Health care professionals-first responders  
Pyramid Film & Video  
2801 Colorado Ave.  
Santa Monica, CA 90404  
213-828-7577

1/2" VHS

Description: Facts presented on proper, up-to-date precautions regarding AIDS, Hepatitis B and other infectious diseases. Video teaches safety and health care professionals correct, up-to-date infection control procedures to minimize the risks of contacting a contagious disease. Facts include: who is really at risk, when and what type of gloves to wear, what to do in case of a needle stick, what is the risk of contacting AIDS vs. Hepatitis and how to clean equipment.



# AIDS: SUDDENLY SEX HAS BECOME VERY DANGEROUS

Time: see below

1/2" VHS

Audience: see below

Goodday Video

P.O. Box 111

Cuero, Texas 77954

1-800-221-1426

Description: This tape series was designed as a behavior educational program for use with young people between the ages of 12 to 16. It was designed only for institutional use. It should be presented by an experienced educator who has studied the enclosed teachers manual and who is knowledgeable about AIDS.

The Young Peoples' Version - This tape is a dramatic educational program designed to educate young people about AIDS and provide them positive role models for use in dealing with this disease. (21 min)

The Parents' and Teacher' Version - This tape is used to show parents and teachers the young peoples' version and to speak to them about the need for AIDS education. (28 min)

The Medical Tape - This tape is designed for parents, teachers, and mature students. It presents important information about AIDS in a clear, easy to understand format.

Teachers' Manual

## THE AIDS MOVIE

Time: 26:03 min

1/2" VHS

Audience: High school students

New Day Films/Durrin Films, Inc.

22 Riverview Dr.

Wayne, NJ 07070-3191

201-633-0212

Description: The AIDS Movie speaks simply and forcefully to students. It features Paul, Sunnys and Susan, three people with the disease, who share what it is like to live with it and how to protect yourself against it. The importance of awareness and prevention are also discussed.



## AIDS AND THE JOB

Time: 13 min 1/2" VHS  
 Audience: Business employees and general  
 Center for Disease Control  
 Description:

## BEYOND FEAR: I. VIRUS II. INDIVIDUAL III. COMMUNITY

Time: 59 min 1/2" VHS  
 Audience: General  
 American Red Cross  
 P.O. Box 323  
 Longwood, Fl 32750  
 407-332-8200  
 Description:

## AIDS ON THE FRONT LINE

Time: 22:25 min 1/2" VHS  
 Audience: Medical personnel  
 Harris County Medical Society  
 Description:

## AIDS AND THE HEALTH CARE WORKER

Time: 27:30 min 1/2" VHS  
 Audience: Health care professionals, doctors, nurses, volunteers,  
 house keeping, food service, hospital and clinic employees.  
 MIT Film and Video  
 108 Wilmot Road  
 Deerfield, Il 60015  
 1-800-621-2131  
 Description: This program explores the special fears of health  
 care workers regarding this important subject. The message is  
 clear: AIDS is a serious threat to its victims, but with proper  
 precautions it should pose no threat to hospital workers.

## YOUNG PEOPLE AND AIDS

Time: 18 min 1/2" VHS  
 Audience: Ages 11-18  
 Channing L. Bete Co. Inc.  
 200 State Road  
 South Deerfield, MA 01373  
 1-800-628-7733  
 Description: Focuses on the ways that young people can limit their chances of getting AIDS. Presents the facts on self-protection, and dispels common myths that may cause needless fear and worry.

## WORKING BEYOND FEAR

Time: 30 min 1/2" VHS  
 Audience: General  
 American Red Cross  
 P.O. Box 323  
 Longwood, Fl 32750  
 407-332-8200  
 Description: This film explains what the AIDS virus is and how the infection progresses. Three workplace scenarios are presented at the end designed to elicit discussion.

## A LETTER FROM BRIAN

Time: 28 min. 1/2" VHS  
 Audience: Teenagers  
 American Red Cross  
 P.O. Box 323  
 Longwood, Fl 32750  
 407-332-8200  
 Description: Designed to help teenagers understand the facts about AIDS. The video demonstrates for youth that they can avoid AIDS by saying NO to sex and NO to drugs. The facts are presented calmly and authoritatively by Michael Warren, star of "Hill Street Blues".

## DON'T FORGET SHERRIE

Time: 31 min. 1/2" VHS  
 Audience: Teenagers  
 American Red Cross  
 P.O. Box 323  
 Longwood, Fl 32750  
 407-332-8200  
 Description: This film is a powerful, hard hitting drama focusing on a group of black and urban youth responding to the AIDS virus.

## AIDS ANTIBODY TEST

Time: 15 min 1/2" VHS  
 Audience: General-To be used in a clinic waiting room  
 San Francisco AIDS Foundation  
 AIDS Care Video  
 333 Valencia St. 4th Floor  
 San Francisco, Ca 94103  
 Description: Explains the AIDS antibody test, how the AIDS virus is spread and how to protect yourself.

## NATIONAL AIDS AWARENESS TEST

Time: 120 min 1/2" VHS  
 Audience: General  
 Metropolitan Life Insurance Company  
 Description: Co-anchors Broadcast Journalist Steve Bell and Actress Morgan Fairchild. The two-hour television special features a "test format," that allows the viewer to answer 55 questions on AIDS, after which answers, based on the latest medical research, are given. Prominent medical authorities and celebrities are shown.

## PARTS

|                         |        |
|-------------------------|--------|
| I. The Epidemic         | 15 min |
| II. Who Gets It         | 10 min |
| III. How You Get It     | 10 min |
| IV. Safe Sex            | 15 min |
| V. The Bloodstream      | 20 min |
| VI. What Happens to You | 20 min |
| VII. The Cost           | 5 min  |
| VIII. The Blood Test    | 10 min |
| IX. AIDS and You        | 5 min  |

# COUNSELLING THE HIV ANTIBODY POSITIVE PATIENT

Time: 15 min 26 sec 1/2" VHS  
 Audience: Counselors - Doctors  
 Los Angeles County Medical Association  
 Sheila Akda - 213-483-1581  
 TransWorld Video Lab, Inc.  
 3812 West Magnolia Blvd.  
 Burbank, Ca 91505  
 818-841-2416  
 Description: Demonstration of how to counsel a person that has tested positive for HIV virus. Counseling techniques are shown in a role playing interview with a doctor.

## BLACK PEOPLE GET AIDS TOO (Public Health Version)

Time: 21 min 1/2" VHS  
 Audience: Blacks and IV Drug Abusers  
 Churchill Films  
 662 N. Robertson Blvd.  
 Los Angeles, CA 90069  
 Description: In animation and interviews with black doctors and community leaders, the program takes a step-by-step look at the causes and symptoms of AIDS, its effects on the immune system, AIDS screening tests, and the social and economic ramifications of the disease. Above all, prevention and education are stressed as the only ways currently available to fight AIDS. Experts provide advice on what constitutes "safe sex," the use of condoms and spermicides, the risk of sharing IV drug works. Instructions are also given for cleaning drug works with bleach and alcohol, and drug users are gently encouraged to get off drugs and into recovery programs.

## SEX, CHOICES, AND YOU

Time: 18 min 1/2" VHS  
 Audience: High school students  
 Alfred Higgins Production, Inc.  
 9100 Sunset Blvd.  
 Los Angeles, CA 90069  
 Description: Viewers will become aware of the necessity of making thoughtful decisions regarding whether or not to be sexually active; will learn reasons for the important choice of abstinence; will understand the need for being responsible for one's self and one's partner if one chooses to be sexually active; will learn different ways of dealing with peer pressure and of communicating with one's boyfriend or girlfriend; and will be presented with important information about the use of the condom.

## 'TIL DEATH DO US PART

Time: 16 min. 1/2" VHS  
 Audience: Black youth/high school  
 Durrin Films, Inc.  
 1748 Kalorama Rd., NW  
 Washington, D.C. 20009  
 202-387-6700  
 Description: A play that was written and performed by the  
 Everyday Theatre Youth Ensemble.

## UNIVERSAL PRECAUTIONS: FOR PRE-HOSPITAL

Time: 19 min 1/2" VHS  
 Audience: Health Care Workers  
 Lincoln Medical Education Foundation  
 4600 Valley Road  
 Lincoln, Nebraska 68510  
 402-483-4581  
 Description: Discusses both the AIDS and Hepatitis B virus and  
 the rationale for universal precautions. Simulated situations  
 are used to demonstrate the application of these precautions.

UNIVERSAL PRECAUTIONS FOR HOSPITAL PERSONNEL  
(REVISED 9/88)

Time: 20 min 1/2" VHS  
 Audience: Health Care Workers  
 Lincoln Medical Education Foundation  
 4600 Valley Road  
 Lincoln, Nebraska 68510  
 402-483-4581  
 Description: Discusses both the AIDS and Hepatitis B virus and  
 the rationale for universal precautions. Simulated situations  
 are used to demonstrate the application of these precautions for  
 hospital personnel.



# UNIVERSAL PRECAUTIONS FOR LONG TERM CARE FACILITY

Time: 18 min 1/2" VHS  
 Audience: Health Care Workers  
 Lincoln Medical Education Foundation  
 4600 Valley Road  
 Lincoln, Nebraska 68510  
 402-483-4581  
 Description: Discusses both the AIDS and Hepatitis B virus and the rationale for universal precautions. Simulated situation are used to demonstrate the application of these precautions for long term care facilities.

# LIVING WITH AIDS

Time: 27 min. 1/2" VHS  
 Audience: PWA's  
 Was available from National Center for Homecare Education and Research which is now dissolved. Call Laura Lebera at the Visiting Nurse Service of New York at 212-614-5768 for information.  
 Description: Provides instruction on managing the disease and in lessening the risk of opportunistic infections. It will be helpful for people who have AIDS or ARC, and for friends and family members, as well as for their professional caregivers. The video opens with a discussion of AIDS by four nurses from VNS Home Care, a nonprofit subsidiary of the Visitation Nurse Service of New York. The advice they give comes from their AIDS units' day-to-day experience in caring for persons with AIDS. They talk about the nature of the disease, how it's spread, and about safe sex and risk behaviors. They discuss what people who think they have been exposed to the AIDS virus should do about it—symptoms to look for, tests to take, and where to turn for help. Subjects include: cleaning the home, handling laundry and garbage, special precautions for pets, skin care, controlling thrush, importance of nutrition and high-protein diet, need for social support.

# AMERICAN RESPONDS TO AIDS PUBLIC SERVICE CAMPAIGN

Time: 1/2" VHS  
 Audience: General public  
 Description: Public service campaign for nation wide AIDS campaign—Fall 1988.  
 8 Television PSAs/English  
 19 Radio PSAs/English  
 5 Television PSAs/Spanish  
 11 Radio PSAs/Spanish



## CDC 165

Time: 1/2" VHS  
 Audience: Counselors  
 Center for Disease Control  
 Description: Pretest Female 22 min  
 Short Pretest Male 4 min  
 Sero Neg Male 10:30 min  
 Sero Pos Male 29:30 min  
 Home Visit Female 5:45 min  
 Vignettes 1:15 min

## CDC 166

Time: 1/2" VHS  
 Audience: Counselors  
 Center for Disease Control  
 Description: Pretest Female 16:30 min  
 Sero Neg Female 5:30 min  
 Sero Pos Female 25:30 min

## AIDS 101

Time: 59 min 1/2" VHS  
 Audience: General  
 Speaker William Buckley at CentraCare  
 Description: Basic information on modes of transmission and health promotion-risk reduction.

## AIDS 103

Time: 120 min 1/2" VHS  
 Audience: General  
 Speaker William Buckley  
 Description: Basic information on AIDS: what it is, how it is spread and health promotion-risk reduction.

## AIDS UPDATE

Time: 1/2" VHS  
 Audience: Health care professionals and general  
 Speaker William Buckley at VCC (3/10/88)  
 Description: Information on AIDS, immune system, HIV antibody testing, health promotion-risk reduction and modes of transmission.

## AIDS GENERAL OVERVIEW: HOW IT EFFECTS YOU

Time: 1/2" VHS  
Audience: General  
Speaker William Buckley at CentraCare (2/3/88)  
Description: Questions and answers about AIDS.

12/5/88

APPENDIX I  
AIDS RESOURCE INFORMATION FOR STAFF AND CLIENTS

## RESOURCE INFORMATION FOR STAFF AND CLIENTS

FLORIDA AIDS HOTLINE 1-800-FLA-AIDS

National AIDS Information Clearinghouse 1-800-458-5231  
P.O. Box 6003  
Rockville, MD 20850

HIV Anonymous Testing  
HRS Brevard County Public Health Unit  
1744 S. Cedar Street  
Rockledge, FL 32901

HRS Health Program Office (407) 423-6245  
Suite 808  
400 W. Robinson Street  
Orlando, FL 32801-1782

AIDS/Substance Abuse Training Coordinator  
Alcohol and Drug Abuse Program  
Department of Health & Rehabilitative Services  
1317 Winewood Blvd.  
Tallahassee, FL 32399-0700

APPENDIX J  
AIDS ROLE PLAY ACTIVITIES

## ROLE PLAYING THE ASSESSMENT OF HIGH RISK BEHAVIORS

Now that you have discussed the facts about how you get infected with HIV and how you don't get infected with HIV, we will role play communicating these facts to adolescents.

Select partners.

For each topic, one partner plays the staff person and one plays the adolescent. These roles are reversed for each topic.

1. The staff person is going to explain to the client how you get AIDS and how you don't get AIDS.
  - A. Sexual
  - B. Blood Exchange
  - C. Drug Use
  - D. Pregnancy and Birth
  - E. Casual Contact
2. The staff person is going to conduct a high risk assessment with the client. (Use the assessment sheet.)
  - A. Remain relaxed, non-threatening, non-judgmental, and empathetic.
  - B. Take time to develop rapport and trust before covering the sensitive topics.
  - C. Emphasize confidentiality.
  - D. Ask open ended questions that don't imply any "right" answer or give away your reactions.
  - E. Practice active listening skills.
  - F. Be aware of non-verbal messages.
3. The staff person will discuss ways to avoid contracting HIV.
  - A. Explain to the client that abstinence from sexual activity outside of marriage is the expected standard for all school age children; and abstinence from sexual activity is a certain way to avoid AIDS and other communicable diseases as well as unwanted pregnancy.
  - B. Explain that each person has the power to control personal behavior and encourage the client to base actions on reasoning, self-esteem, and respect for others.
4. The staff person will discuss safe sex and demonstrate the use of a condom.

These role playing exercises may also be used with the clients by having one client play the role of a concerned friend.